

Name  
in  
Full

William Meed Bayne

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Oxford</i>		County <i>Salisbury</i>		MARYLAND	
Date of death	1909	Month <i>June</i>	Day <i>3</i>	Age <i>78</i>	Years	Months <i>5</i>	Days <i>0</i>
Sex	<i>Male</i>		Color or Race	<i>White</i>		Birth-place	<i>Oxford Neck Md</i>
Occupation	<i>Farmer</i>			Where Residing if not at place of death <i></i>			
Married, Single or Widowed <i>Single</i>			Name of Wife or Husband <i></i>				
Father's Name	<i>Rev. Thos. Bayne</i>				Father's Birthplace	<i>Unknown</i>	
Mother's Maiden Name	<i>Caroline Singleton</i>				Mother's Birthplace	<i>Unknown</i>	
Name of person giving Information	<i>Mrs. Butler Smith</i>				How related to deceased	<i>Daughter</i>	

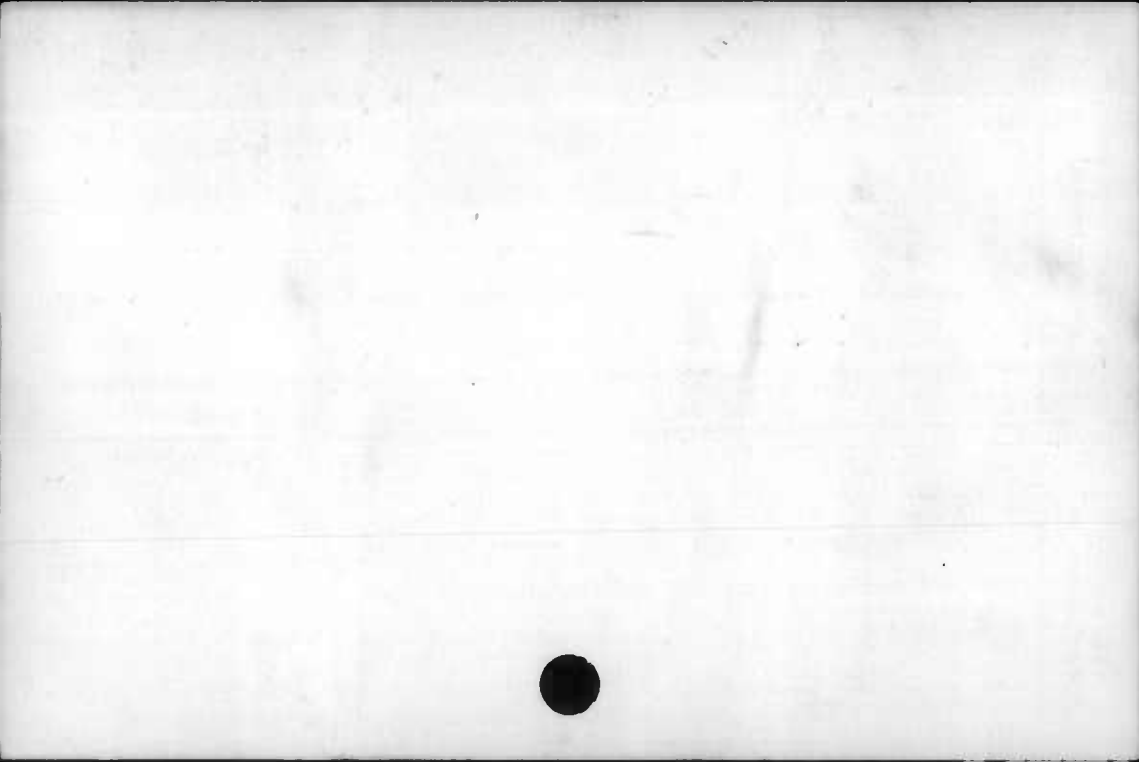
## CAUSES OF DEATH

154

X

PHYSICIAN  
OR CORONER

Primary	<i>General Debility &amp; old age</i>		How long	<i>2 yrs</i>
Immediate	<i>Exhaustion</i>		How long	<i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>	Signature of Physician	<i>H. M. Eccles M.D.</i>
			Address	<i>Oxford Md</i>
Accident or Suicide? <i></i>				



Name

In  
Full

## CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY  
NEAREST FRIEND

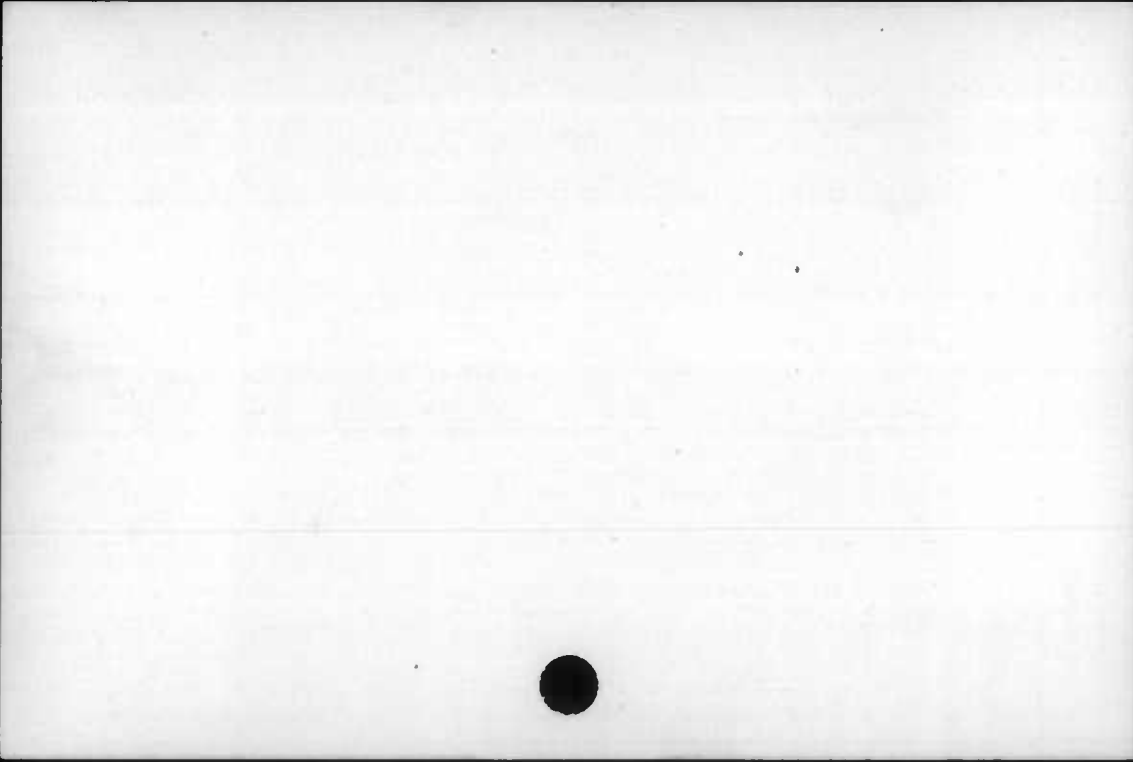
Died at <u>Wittman</u> <sup>Town</sup>		<u>Talbot</u> <sup>County</sup>			
Date of death	190 <u>9</u> <sup>Month</sup>	<u>June</u> <sup>Day</sup>	<u>21</u> <sup>Year</sup>	Age <u>61</u>	Months <u>—</u> Days <u>—</u>
Sex <u>Male</u>	Color or Race <u>Colored</u>	Birth-place <u>Talbot Co.,</u>			
Occupation <u>Farmer</u>	Where Residing if not at place of death <u>Same</u>				
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Ammie Burton</u>				
Father's Name <u>Joseph P. Burton</u>	Father's Birthplace <u>Talbot Co.,</u>				
Mother's Maiden Name <u>Mary Bailey</u>	Mother's Birthplace <u>Talbot Co.</u>				
Name of person giving information <u>Helena Killeen</u>	How related to deceased <u>Son</u>				

## CAUSES OF DEATH

79

PHYSICIAN  
OR CORONER

Primary <u>Heart - Trouble</u>	How long <u>230</u>
Immediate <u>Heart - Failure</u>	How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Dr. J. B. Sells</u>
	Address <u>St Michaels Ind.</u>
Accident or Suicide? <u>No</u>	



Name  
in  
Full

Clarence Caultk

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

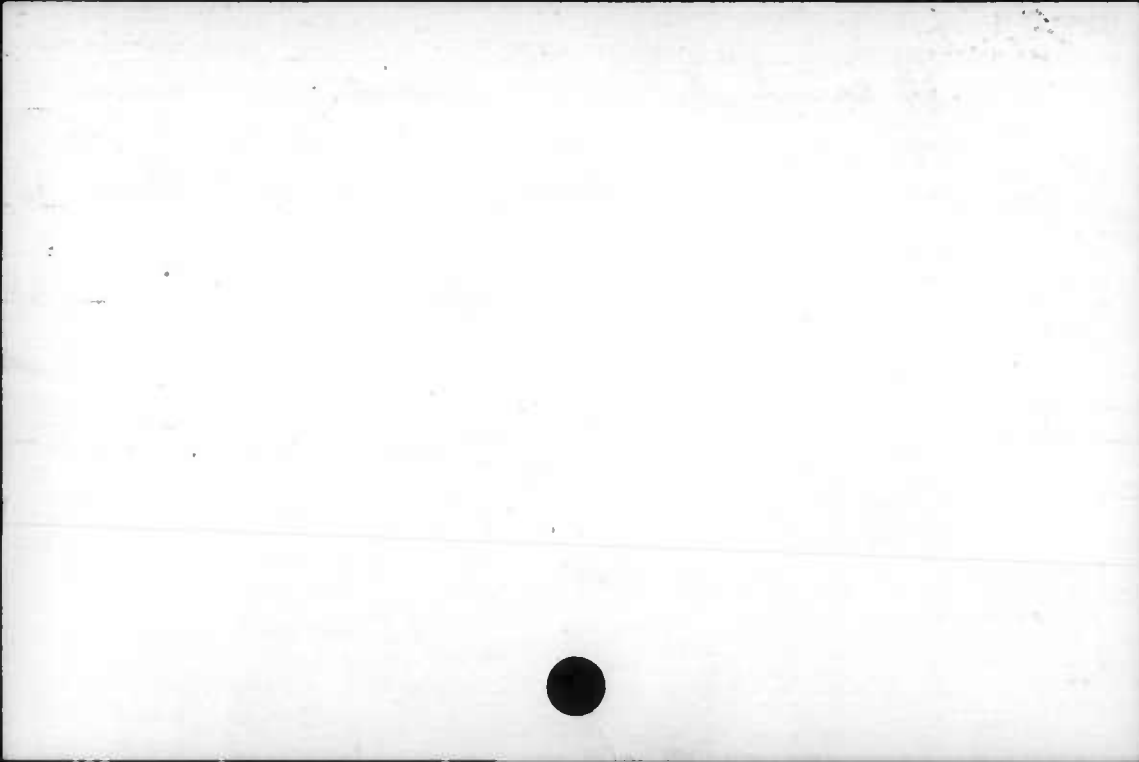
Died at		Town St Michael		County Talbot		MARYLAND	
Date of death		1907	Month June	Day 20	Age 17 years	Months	Days
Sex Male		Color or Race White		Birth- place St Michael			
Occupation School Boy				Where Residing if not at place of death Baltimore Md			
Married, Single or Widowed Single		Name of Wife or Husband					
Father's Name Daniel L Caultk				Father's Birthplace St Michael			
Mother's Meiden Name Gertrude Mastana				Mother's Birthplace Baltimore			
Name of person giving information My M Baynard				How related to deceased Cousin			

## CAUSES OF DEATH

172

PHYSICIAN  
OR CORONER

Primary	Drowning	How long	June 20 <sup>th</sup> 1907
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		E P Sparks act Cor	
Address		St Michael Md	
Accident or Suicide		Accident	



Name  
in  
Full

Margie May Colbourne

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>St Michaels</i>		Town		<i>Talbot</i>		County		MARYLAND	
Date of death <i>1909</i>		Month <i>6</i>		Day <i>1</i>		Age <i>—</i>		Years	
Sex <i>female</i>		Color or Race <i>Colored</i>		Birth-place <i>St Michaels</i>		Months <i>6</i>		Days	
Occupation <i>infant</i>				Where Residing if not at place of death <i>St Michaels</i>					
Married, Single or Widowed <i>"</i>				Name of Wife or Husband <i>infant</i>					
Father's Name <i>N. Jarvis H. Colbourne</i>				Father's Birthplace <i>md</i>					
Mother's Maiden Name <i>Ida May Downes</i>				Mother's Birthplace <i>md</i>					
Name of person giving Information				How related to deceased					

## CAUSES OF DEATH

Primary

*Mammary*

How long

179

X

Immediate

*Heart failure*

How long

Are the name, age, sex, color, date and place correctly given above?

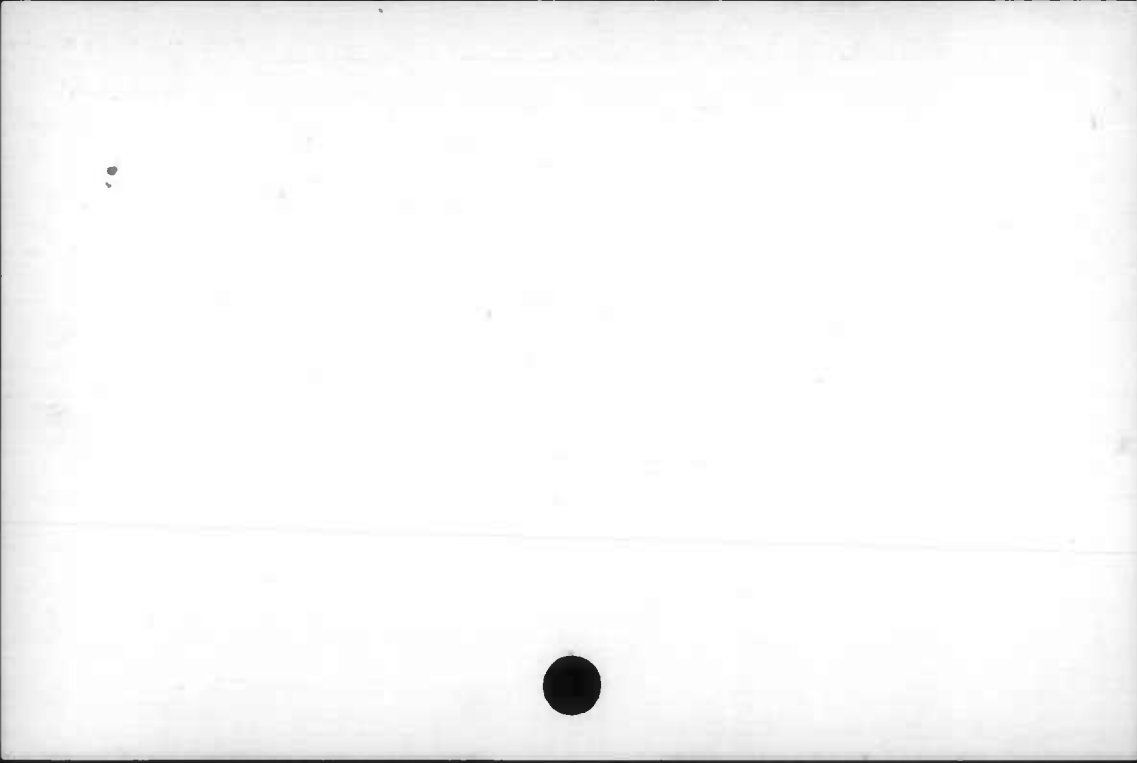
*yes*

Signature of Physician

Address

*J. C. Downes*  
*St Michaels*  
*md*PHYSICIAN  
OR CORONER

Accident or Suicide





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

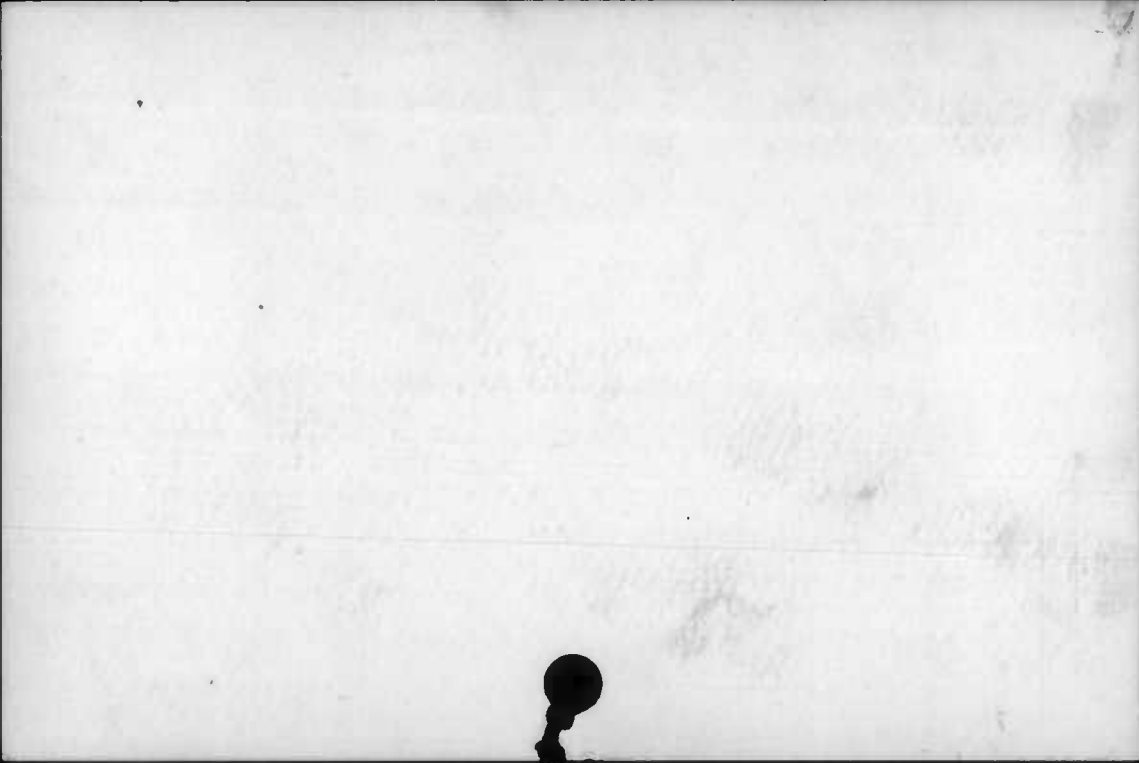
Name in Full <i>Mary Elizabeth Lobson</i>		Town <i>Offord</i>		County <i>Talbot</i>		MARYLAND	
Died at <i>Offord</i>							
Date of death <i>1909</i>	Month <i>June</i>	Day <i>6th</i>	Age <i>46</i>	Years <i>46</i>	Months <i>9</i>	Days <i>4</i>	
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Kent Co Del</i>				
Occupation <i>Housework</i>			Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>Single</i>			Name of Wife or Husband <i>John Nicholas, Lobson</i>				
Father's Name <i>Chas Emory Sartton</i>			Father's Birthplace <i>Kent Co Del</i>				
Mother's Maiden Name <i>Caroline Sartton</i>			Mother's Birthplace <i>Kent Co Del</i>				
Name of person giving information <i>Chas E. Sartton</i>			How related to deceased <i>Brother</i>				

## CAUSES OF DEATH

88

PHYSICIAN  
OR CORONER

Primary <i>Inflammation of Larynx</i>	How long <i>3 months</i>
Immediate <i>Physical Exhaustion</i>	How long <i>1 week</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. M. Eccles</i>
	Address <i>Offord Md</i>
Accident or Suicide? <i>—</i>	



Name  
in  
Full

Loza L Downer

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Easton</u> <sup>Town</sup>		<u>Talbot</u> <sup>County</sup>		MARYLAND	
Date of death 190 <u>9</u> <sup>Month</sup> <u>June</u> <sup>Day</sup> <u>24</u>		Age <u>21</u> <sup>Years</sup>		<u>X</u> <sup>Months</sup> <u>X</u> <sup>Days</sup>	
Sex <u>Female</u>	Color or Race <u>Black</u>	Birth-place <u>Easton Md</u>			
Occupation <u>House Girl</u>		Where Residing if not at place of death <u>X</u>			
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>X</u>				
Father's Name <u>Owen Downer</u>		Father's Birthplace <u>Talbot</u>			
Mother's Maiden Name <u>Mary Harris</u>		Mother's Birthplace <u>Talbot</u>			
Name of person giving Information <u>Mary Downer</u>		How related to deceased <u>Mother</u>			

## CAUSES OF DEATH

Primary Pulmonary Tuberculosis How long 4 months

Immediate Exhaustion How long 3 weeks

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician

Address

Accident or Suicide no.PHYSICIAN  
OR CORONER

20076

190  
1888

Name  
in  
Full

Arthur Willis Easter

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> St. Michaels <sup>County</sup> Talbot MARYLAND

Date of death 1909 <sup>Month</sup> June <sup>Day</sup> 4 <sup>Age</sup> 15 <sup>Years</sup> <sup>Months</sup> 11 <sup>Days</sup> 5

Sex Male Color or Race White Birth-place St. Michaels Md

Occupation \_\_\_\_\_ Where Residing if not at place of death \_\_\_\_\_

Married, Single or Widowed \_\_\_\_\_ Name of Wife or Husband \_\_\_\_\_

Father's Name Arthur K. Easter Father's Birthplace Balto. Co. Md

Mother's Maiden Name Emily Harrison Willis Mother's Birthplace St. Michaels

Name of person giving Information Mrs. Emily Easter, mother How related to deceased Mother

CAUSES OF DEATH

Primary Blood clot on brain

How long 64 X

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

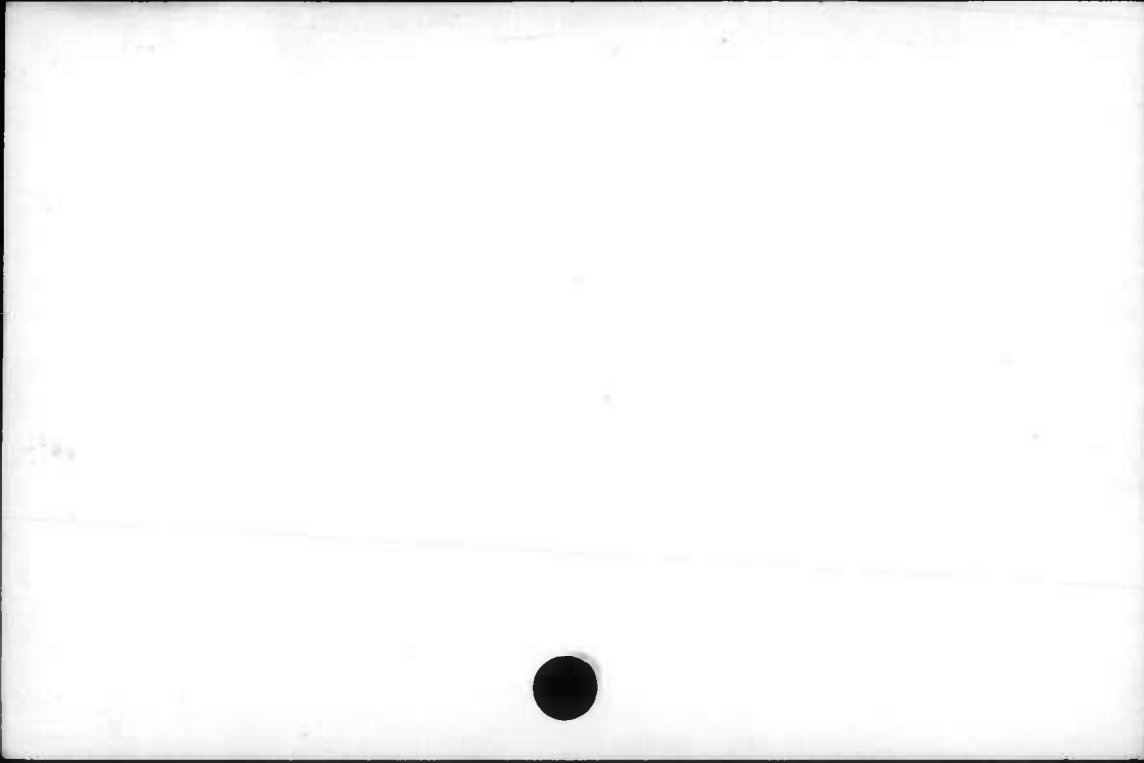
Signature of Physician

Address

R. A. Dodson  
St. Michaels Md

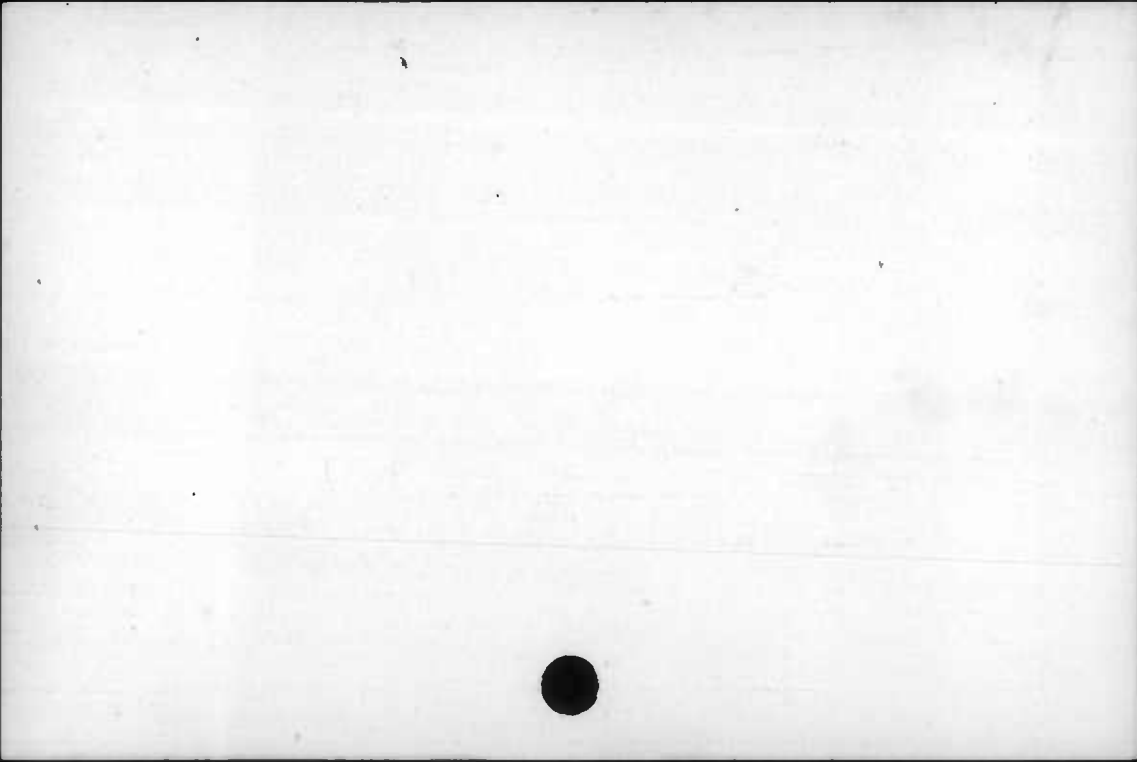
Accident or Suicide

PHYSICIAN  
OR CORONER



TO BE ANSWERED BY NEAREST FRIEND	Name in Full		Robert - E. Eastman				CERTIFICATE OF DEATH	
	Died at		Mc. Clain		Tall		MARYLAND	
	Date of death		1909	June	24	Age	30	
	Sex		Male		Color or Race		White	Birth-place
	Occupation		do not know		Where Residing if not at place of death		Same	
	Married, Single or Widowed		Married		Name of Wife or Husband		Larminia C Eastman	
	Father's Name		do not know		Father's Birthplace		unknown	
	Mother's Maiden Name		do not know		Mother's Birthplace		unknown	
Name of person giving information				How related to deceased				

PHYSICIAN OR CORONER	CAUSES OF DEATH		159	x
	Primary	Pistol wound in chest	How long	immediately
	Immediate	Hemorrhage	How long	
	Are the name, age, sex, color, date and place correctly given above?		Yes	
	Signature of Physician		Chas. B. Sells	
Address		St. Michaels		
Accident or Suicide?		Suicide		





Name  
in  
Full

Fannie Gibbs

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

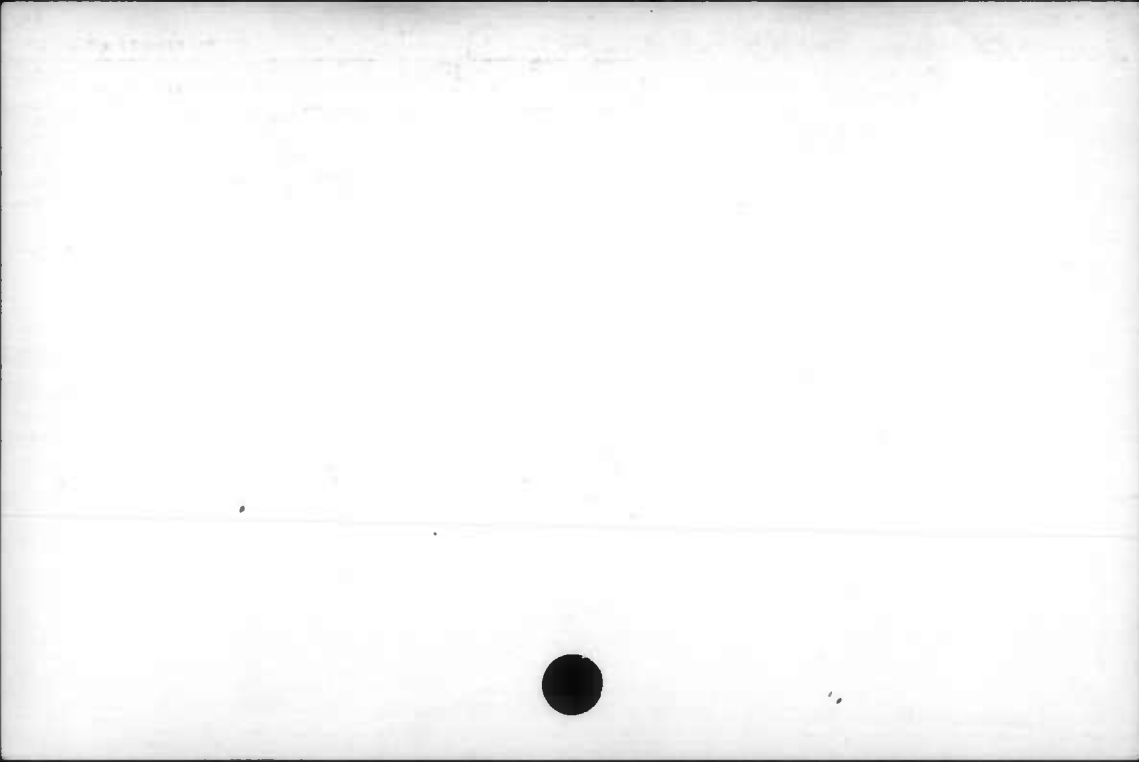
Died at <u>Boston</u> <sup>Town</sup>		<u>Talbot</u> <sup>County</sup>		MARYLAND	
Date of death 190 <u>9</u> <sup>Month</sup> <u>June</u> <sup>Day</sup> <u>14th</u> <sup>Years</sup> <u>36</u>		Age <u>36</u>		Months <u>—</u> Days <u>—</u>	
Sex <u>Female</u>		Color or Race <u>Black</u>		Birth-place <u>Talbot Co</u>	
Occupation <u>Servant</u>		Where Residing if not at place of death			
Married, Single or Widowed <u>Married</u>		Name of Wife or Husband <u>William Gibbs</u>			
Father's Name <u>Asbury Beck</u>		Father's Birthplace <u>Talbot Co</u>			
Mother's Maiden Name <u>Lavinia Barton</u>		Mother's Birthplace <u>" "</u>			
Name of person giving Information <u>William Gibbs</u>		How related to deceased <u>Husband</u>			

## CAUSES OF DEATH

29

PHYSICIAN  
OR CORONER

Primary <u>Tuberculosis of Rectum</u>	How long <u>3 mos</u>
Immediate <u>Exhaustion</u>	How long <u>few weeks -</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Chas. H. Davidson</u>
	Address <u>Easton, Md.</u>
Accident or Suicide <u>—</u>	



Name  
in  
Full

Thomas Gibson.

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died near <i>Scapple</i>		County <i>Talbot</i>		MARYLAND	
Date of death <i>1909</i>	Month <i>6-</i>	Day <i>23</i>	Age <i>39</i>	Months <i>10</i>	Days <i>-</i>
Sex <i>Male</i>	Color or Race <i>Negro</i>		Birth-place <i>Talbot Co Md</i>		
Occupation <i>Labour.</i>	Where Residing if not at place of death <i>_____</i>				
Married, Single or Widowed <i>Widower</i>	Name of Wife or Husband <i>Margaret Robinson.</i>				
Father's Name <i>Perry Gibson.</i>	Father's Birthplace <i>Talbot Co Md</i>				
Mother's Maiden Name <i>Matilda Sewell.</i>	Mother's Birthplace <i>" " "</i>				
Name of person giving Information <i>Charles H Payne</i>	How related to deceased <i>Brother</i>				

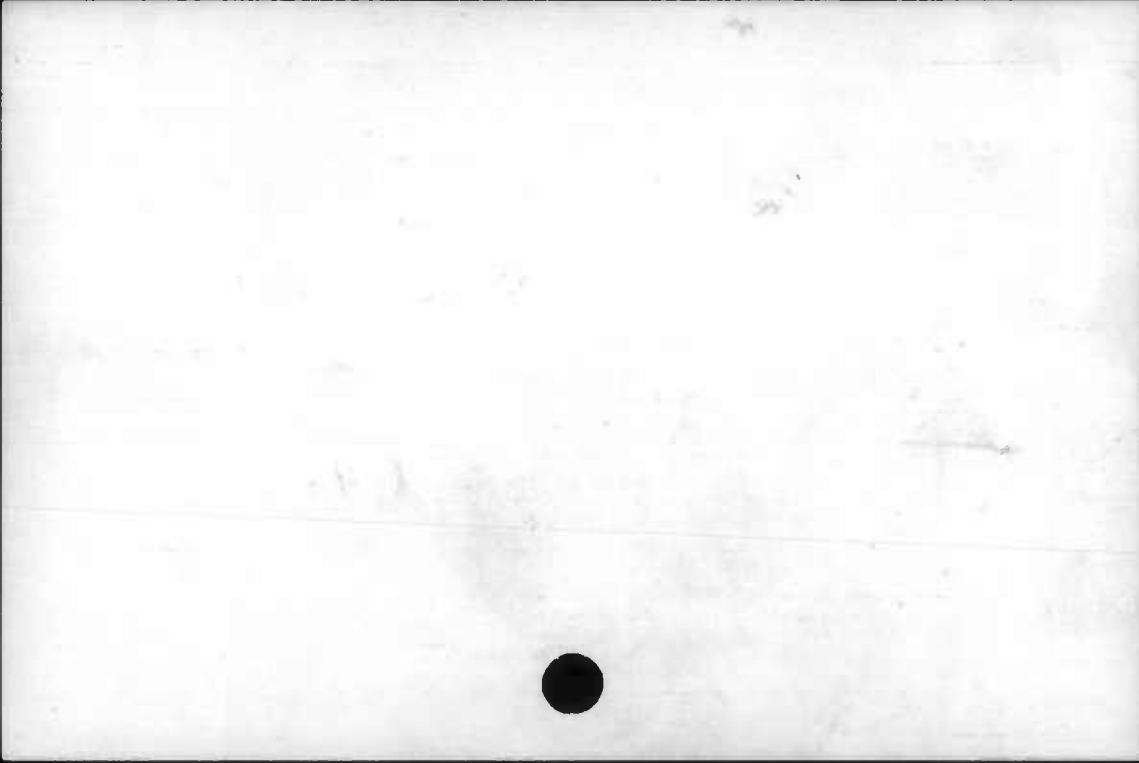
## CAUSES OF DEATH

94

X

PHYSICIAN  
OR CORONER

Primary <i>Empyema -</i>	How long <i>14 months.</i>
Immediate <i>Exhaustion.</i>	How long <i>_____</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>	Signature of Physician <i>Joseph A Ross Md</i>
	Address <i>Scapple Md.</i>
Accident or Suicide	



Name  
in  
Full

Oscar Goldsbraugh

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at *Bellevue* Town*Valbot* County

MARYLAND

Date of death *1909* Month *June*Day *27*Age *21* Years

Months

Days

Sex *Male*Color or  
Race*Black*Birth-  
place*Valbot*

Occupation

*Farmer*Where Residing if not  
at place of deathMarried, Single  
or Widowed*Single*Name of Wife or  
HusbandFather's  
Name*Jacob Goldsbraugh*Father's  
Birthplace*Valbot Co. Md*Mother's  
Maiden Name*Harnett Goldsbraugh*Mother's  
Birthplace*Valbot Co. Md*Name of person giving  
Information*Jacob Goldsbraugh*How related  
to deceased*Father*

## CAUSES OF DEATH

Primary

*Accidentally*

How long

*172**+*

Immediate

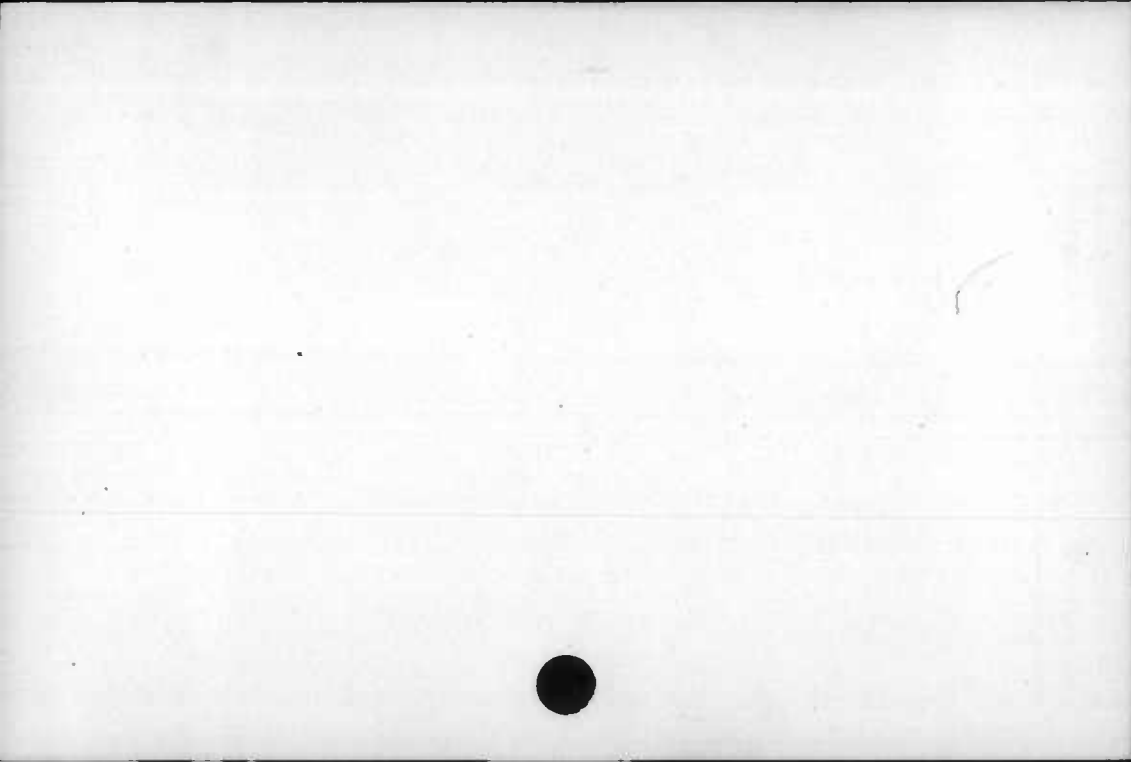
*drowned*

How long

Are the name, age, sex, color, date  
and place correctly given above?*yes*Signature of  
Physician*J. J. A. Alear Act Conover*

Address

*Royal Oak Md.**Accident or Suicide?*PHYSICIAN  
OR CORONER



Name  
in  
Full

Edward Green

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

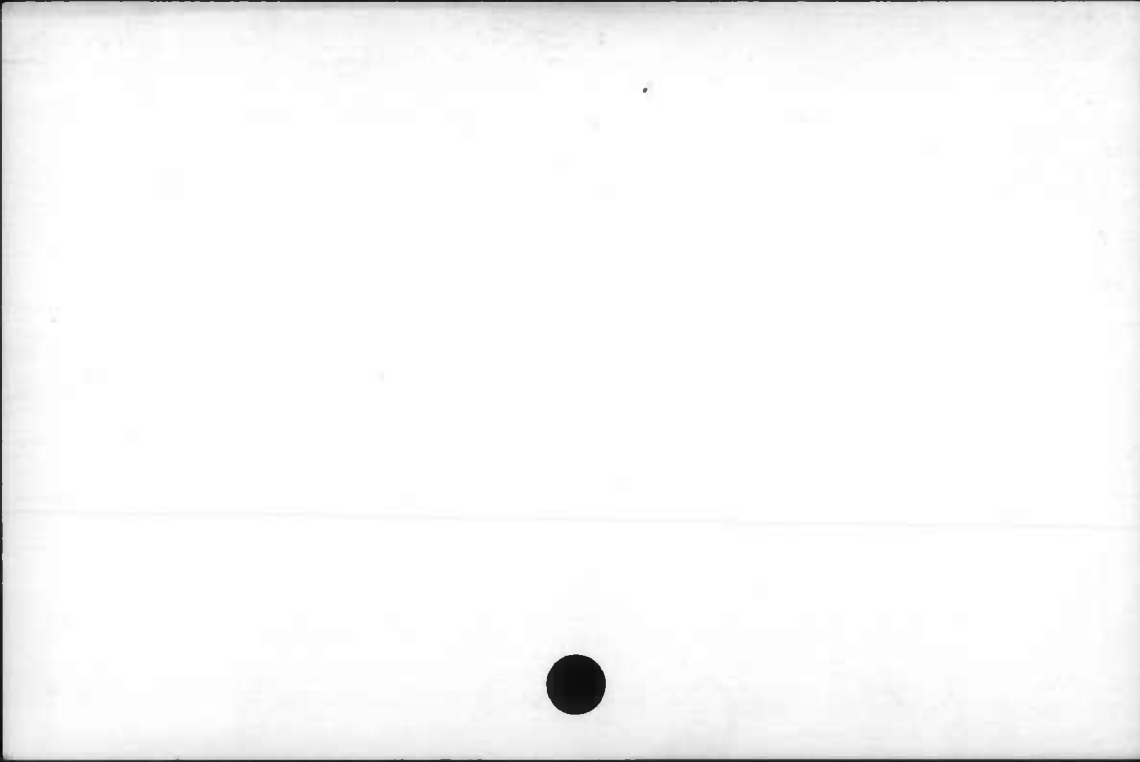
Died at <b>Easton</b>		Town		<b>Talbot</b>		County		<b>MARYLAND</b>	
Date of death <b>1909 June</b>		Month		<b>5-</b>		Day		Age <b>48</b>	
Sex <b>Male</b>		Color or Race <b>Black</b>		Birth-place <b>Easton</b>		Months		Days	
Occupation <b>Laborer</b>				Where Residing if not at place of death <b>Easton</b>					
Married, Single or Widowed <b>Widower</b>		Name of Wife or Husband <b>Sarah Green</b>							
Father's Name <b>Edmond Green</b>				Father's Birthplace <b>don't know</b>					
Mother's Maiden Name <b>Annie Roberts</b>				Mother's Birthplace <b>don't know</b>					
Name of person giving Information <b>Reston Bentley</b>				How related to deceased <b>none</b>					

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary	<b>Thought to be Tuberculosis</b>	How long	<b>over a year</b>
Immediate	<b>Not known found dead</b>	How long	<b>X</b>
Are the name, age, sex, color, data and place correctly given above? <b>yes</b>		Signature of Physician <b>John B Fairbank</b>	
		Address <b>Coroner</b>	
Accident or Suicide		<b>Easton Md</b>	





Name  
in  
FullMary Catherine Griene  
Town Easton County Talbot

CERTIFICATE OF DEATH

MARYLAND

Died at

Date

of death

1909

Month

June

Day

5

Age

Years

60

Months

Days

Sex

Female

Color or  
Race

White

Birth-  
place

Frappe Md.

Occupation

lady

Where Residing if not  
at place of death

X

Married, Single  
or Widowed

married

Name of Wife or  
Husband

Thomas Griene

Father's  
Name

Daniel abbott

Father's  
Birthplace

Md.

Mother's  
Maiden Name

Maria Reese

Mother's  
Birthplace

Md.

Name of person giving  
Information

Mrs. S. Lee Tucker

How related  
to deceased

Daughter

## CAUSES OF DEATH

27

X

Primary

Phthisis Pulmonalis

How long

5 years

Immediate

Exhaustion

How long

4 weeks

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

E. R. Fripp

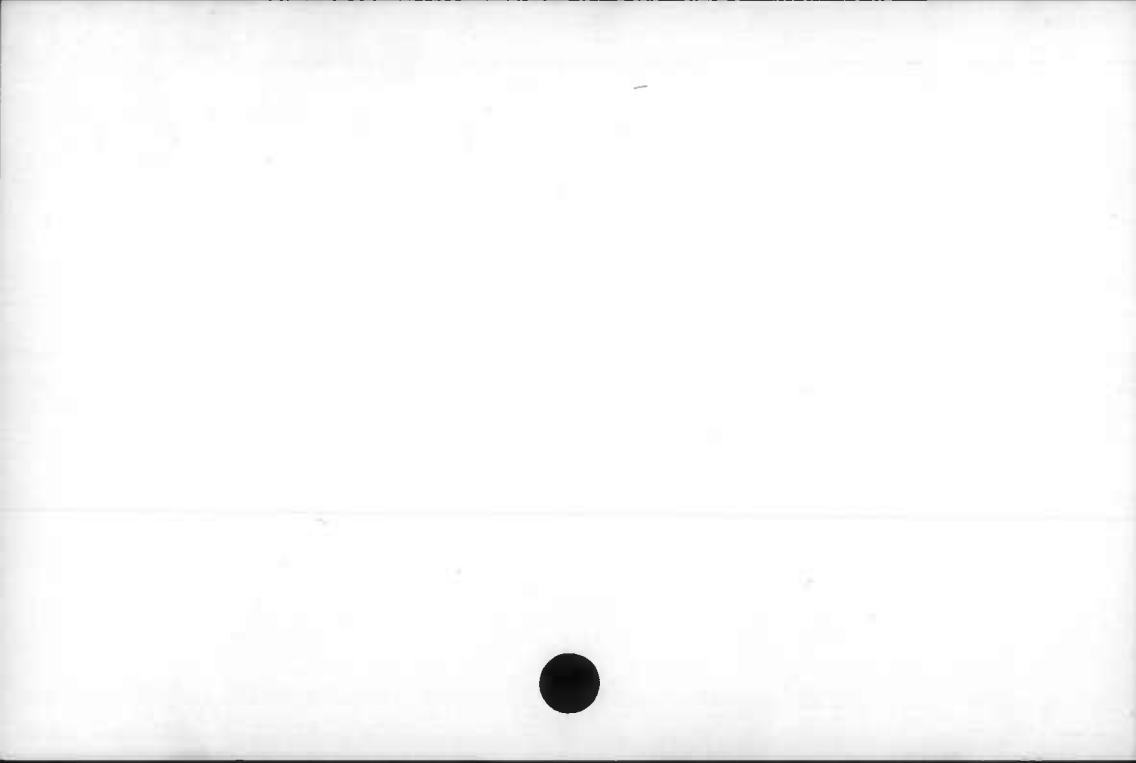
Address

Easton

Accident or Suicide

Md.

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Not Married Hines

Diad at Easton <sup>Town</sup> Talbot <sup>County</sup> **MARYLAND**

Date of death 1909 6 Month 21 Day Age 20 Years Months Days

Sex male Color or Race Black Birth-place Easton, Md.

Occupation — Where Residing if not at place of death —

~~Married, Single or Widowed~~ Name of Wife or Husband —

Father's Name Isaac Hines Father's Birthplace Easton, Md.

Mother's Maiden Name Ann Hines Mother's Birthplace Easton, Md.

Name of person giving Information Father Isaac Hines How related to deceased Father

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

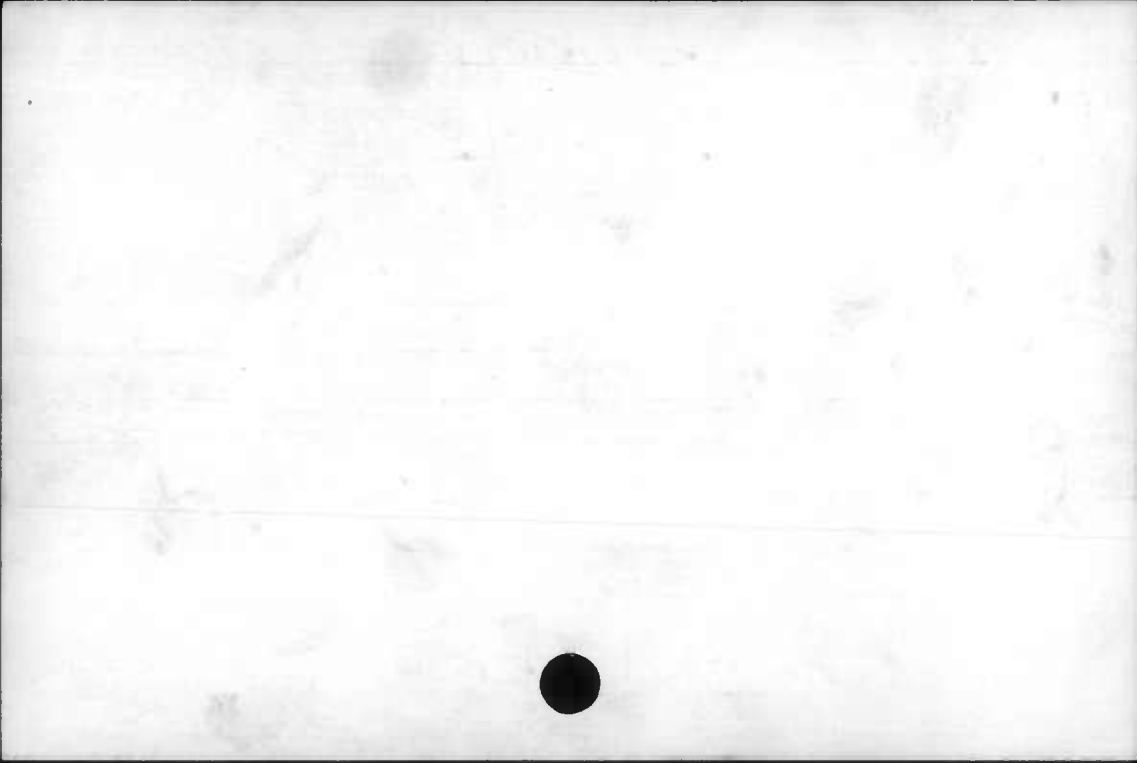
Primary Unknown 176 X How long

Immediate Suffocation How long

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician Robt. Hay

Address Easton, Md.

Accident or Suicide Accidental



Name  
in  
Full

## CERTIFICATE OF DEATH

Anthony Jackson.

Town

County

MARYLAND

Died at

Bellevue

Talbot

Date

of death

1909 June 21

Age

Years

72

Months

Days

Sex

Male

Color or  
Race

Colored

Birth-  
place

Talbot Co Md

Occupation

Laborer

Where Residing if not  
at place of deathMarried, Single  
or Widowed

Married

Name of Wife or  
Husband

Emily Jackson.

Father's  
Name

Theodore Jackson.

Father's  
Birthplace

Talbot Co Md

Mother's  
 Maiden Name

Don't know

Mother's  
Birthplace

Talbot Co Md

Name of person giving  
Information

Daniel R. Jackson.

How related  
to deceased

Son

## CAUSES OF DEATH

Primary

Probably of old age

How long

64

Immediate

Congestion of Brain

How long

5 or 6 day

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

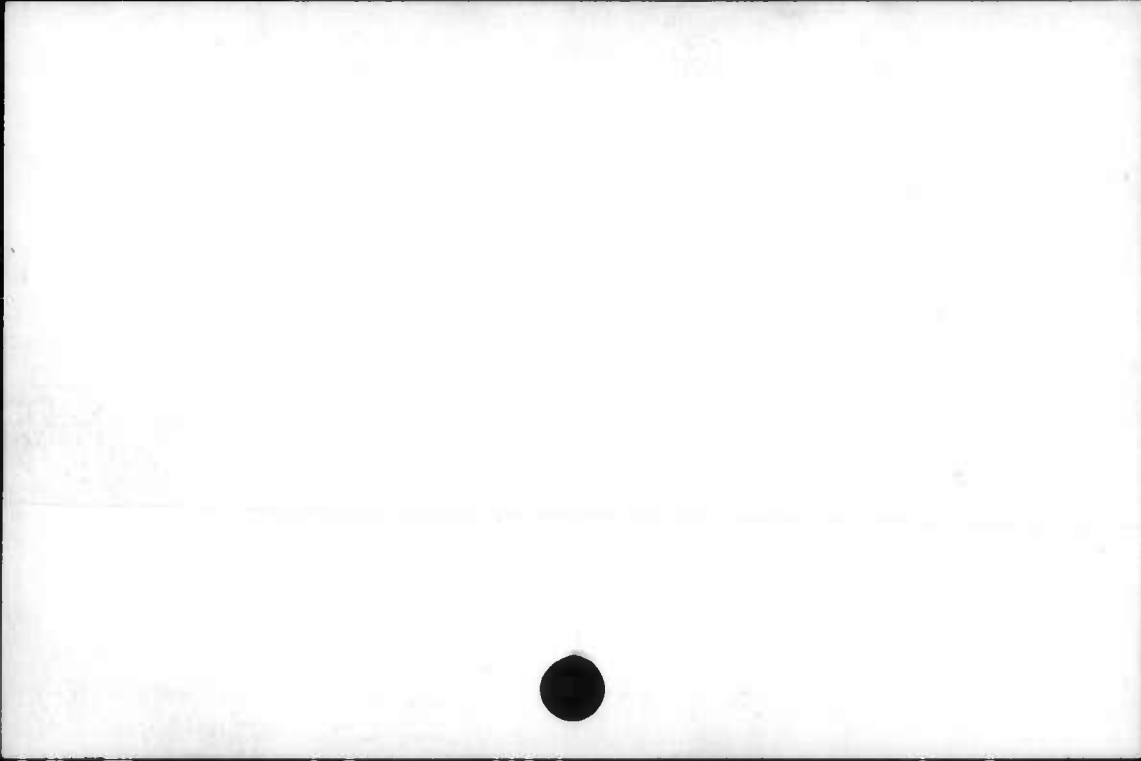
Samuel C. Tripp

Address

Royal Oak Md

Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

Charles W. Lawrence

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

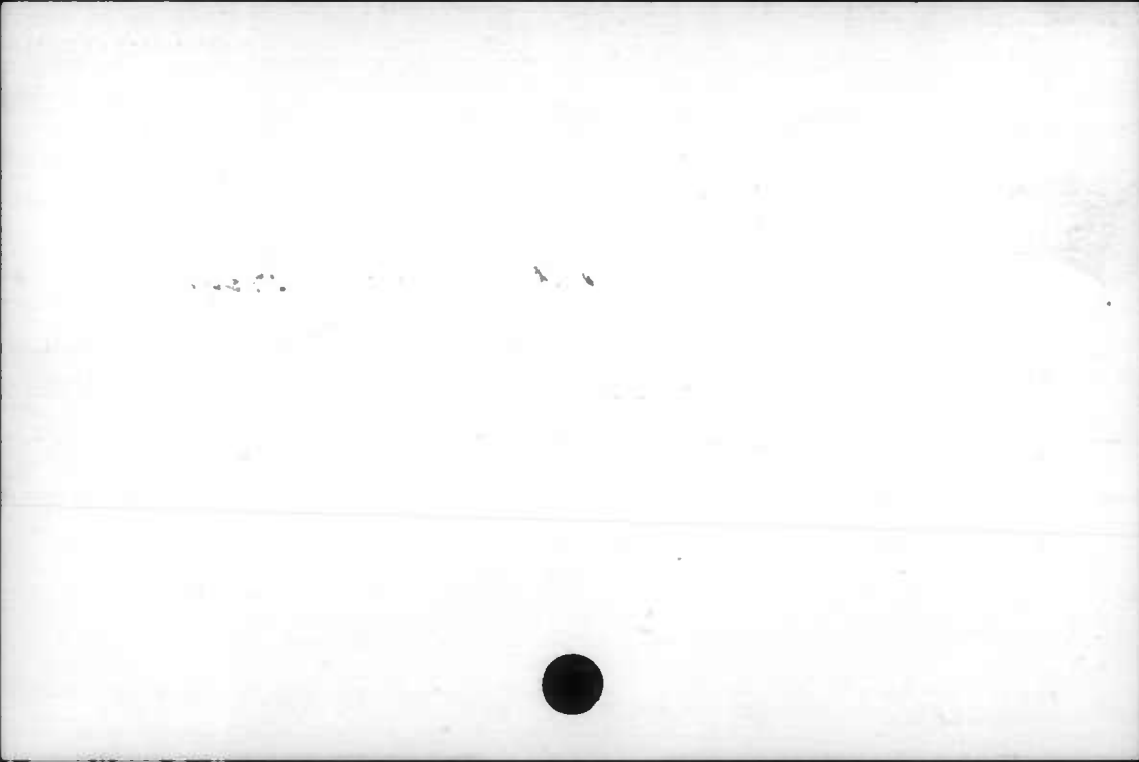
Died at <i>St Michaels</i> <sup>Town</sup>		<i>Talbot</i> <sup>County</sup>		MARYLAND	
Date of death	1909	Month	June	Day	22 <sup>nd</sup>
Age	30	Years		Months	7
Sex	Male	Color or Race	Black	Birthplace	<i>St Michaels</i>
Occupation	<i>Engineer</i>		Where Residing if not at place of death <i>St Michaels</i>		
Married, Single or Widowed	<i>Married</i>		Name of Wife or Husband <i>Vida J. J. Oliver</i> <sup>Wife</sup>		
Father's Name	<i>John W. Lawrence</i>		Father's Birthplace <i>5<sup>th</sup> Dist. Talbot Co.</i>		
Mother's Maiden Name	<i>Ida M. Johnson</i>		Mother's Birthplace <i>St. Michaels</i>		
Name of person giving Information	<i>Vida J. J. Lawrence</i>		How related to deceased <i>Wife</i>		

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary	<i>Pulmonary Tuberculosis</i>		How long	<i>6 mo.</i>
Immediate	<i>Respiratory Failure</i>		How long	
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>		Signature of Physician	<i>J. H. Slope M.D.</i>
			Address	<i>St. Michaels</i>
Accident or Suicide	<i>No</i>			<i>Md.</i>





Name  
in  
Full

CERTIFICATE OF DEATH

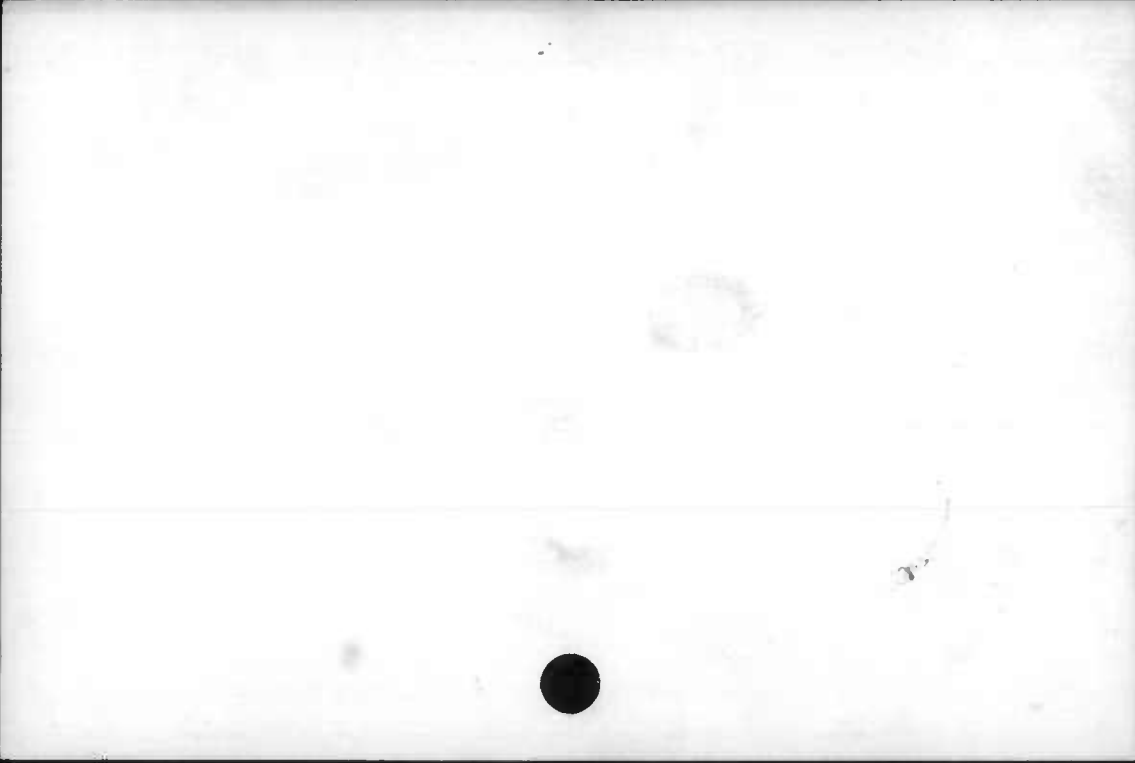
TO BE ANSWERED BY  
NEAREST FRIEND

*Joseph Longenecker,*  
Died at *near Easton Talbot Co* *MARYLAND*  
Date of death *1909 June 26* Age *74* *7* Months Days  
Sex *Male* Color or Race *White* Birth-place *Adams Co. Pa.*  
Occupation *Farmer* Where Residing if not at place of death  
Married, Single or Widowed *1st wife Mary Ann and 2nd & widow Wierman* Name of Wife or Husband  
Father's Name *Daniel Longenecker,* Father's Birthplace *Pa.*  
Mother's Maiden Name *Mary Eister,* Mother's Birthplace *Pa.*  
Name of person giving Information *E. R. Longenecker,* How related to deceased *Son,*

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Paralysis* How long *2 weeks*  
Immediate *Pulmonary Edema* How long *24 hrs*  
Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *James B. Merritt, Jr.*  
Address *222 E. Dover St Easton*  
Accident or Suicide



Name  
in  
Full

Ediean Junior Pauls

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at <sup>Town</sup> *Wm Green Anne* <sup>County</sup> *Lalbat.*Date of death 1909 <sup>Month</sup> 6 <sup>Day</sup> 28 <sup>Age</sup> 1 <sup>Months</sup> 4 <sup>Days</sup> 23Sex *Boy* Color or Race *Colored* Birth-place *Lalbat Co Md.*Occupation *\_\_\_\_\_* Where Residing if not at place of death *\_\_\_\_\_*Married, Single or Widowed *Single*Name of Wife or Husband *\_\_\_\_\_*Father's Name *John Henry Pauls*Father's Birthplace *Wm. Green Anne*Mother's Maiden Name *Orilla Bessie*Mother's Birthplace *Calverton Md.*Name of person giving Information *John H. Pauls*How related to deceased *Father*

## CAUSES OF DEATH

101

How long

3 days

How long

10 minutes

Primary

*Quinsy  
Convulsions*

Immediate

Are the name, age, sex, color, date and place correctly given above?

*yes*

Signature of Physician

Address

*Robley Hackett  
Wm. Green Anne  
Md.*

Accident or Suicide

*No*PHYSICIAN  
OR CORONER

67



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Not named Rozier

Diad *near* *Trappe* *Town* *County* *Talbot* **MARYLAND**

Date of death 1909 9 6 30 Age — Months — Days 5

Sex *Female* Color or Race *Negro* Birth-place —

Occupation *None* Where Residing if not at place of death —

Married, Single or Widowed *Single* Name of Wife or Husband —

Father's Name *John Rozier* Father's Birthplace *Talbot Co. Md*

Mother's Maiden Name *Laura Green* Mother's Birthplace *Talbot Co. Md*

Name of person giving Information *John Rozier* How related to deceased *Father*

CAUSES OF DEATH

Primary *Acute Gastritis* **104** X How long *3 days*

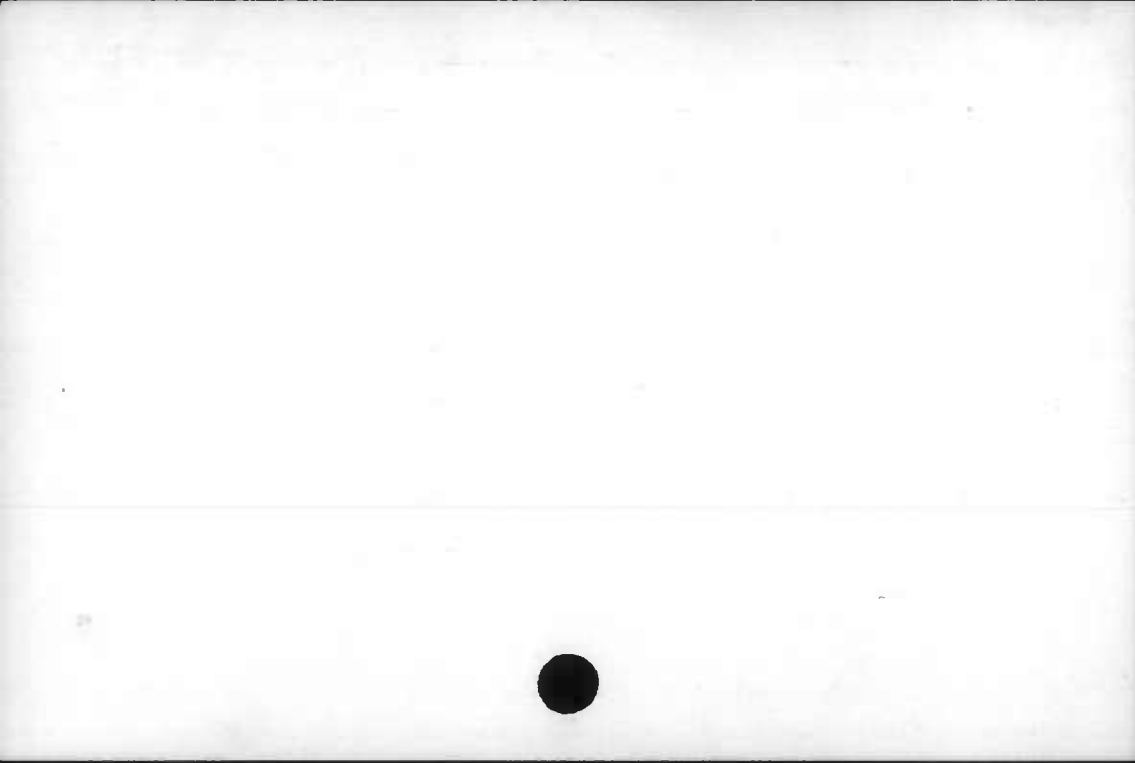
Immediate — How long —

PHYSICIAN  
OR CORONER

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *Joseph A. Cross* Address *Trappe, Md*

Accident or Suicide



Name  
in  
Full

Thomas Russell

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Easton Town Talbot County **MARYLAND**

Date of death 190 9 June Month 26 Day Age 50 Years Months Days

Sex Male Color or Race White Birth-place England

Occupation Laborer Where Residing if not at place of death

Married, Single or Widowed Married Name of Wife or Not Known ~~Husband~~

Father's Name Unknown Father's Birthplace Unknown

Mother's Maiden Name Unknown Mother's Birthplace Unknown

Name of person giving Information X How related to deceased X

## CAUSES OF DEATH

179

PHYSICIAN  
OR CORONER

Primary Diagnosis Uncertain How long about 2 weeks

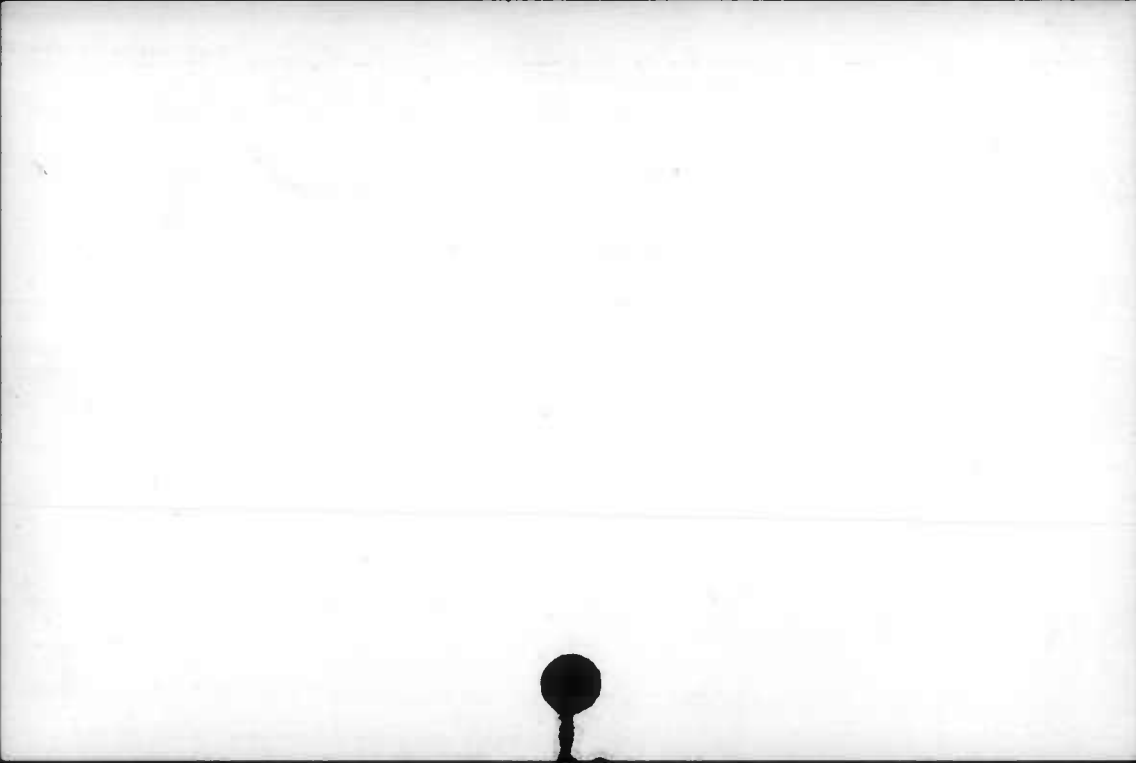
Immediate Coronary Exhaustion How long as far as known

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician E. R. Rippe M.D.

Address Easton Md

Accident or Suicide





Name  
in  
Full

Chas T. Saulsby

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Diad at Easton <sup>Town</sup> Talbot <sup>County</sup> **MARYLAND**

**Date** of death 1909 <sup>Month</sup> June <sup>Day</sup> 9 <sup>Years</sup> Age 70 <sup>Months</sup> — <sup>Days</sup> —

Sex Male Color or Race White Birth-place Bair

Occupation Mechanic Where Residing if not at place of death —

Married, Single or Widowed Married Name of Wife or Husband Mary A. Saulsby

Father's Name Robt. Saulsby Father's Birthplace Pa

Mother's Maiden Name Amelia Dean Mother's Birthplace Pa

Name of person giving Information William Saulsby How related to deceased Son

## CAUSES OF DEATH

45

PHYSICIAN  
OR CORONER

Primary Carcinoma of Bladder How long 11 months

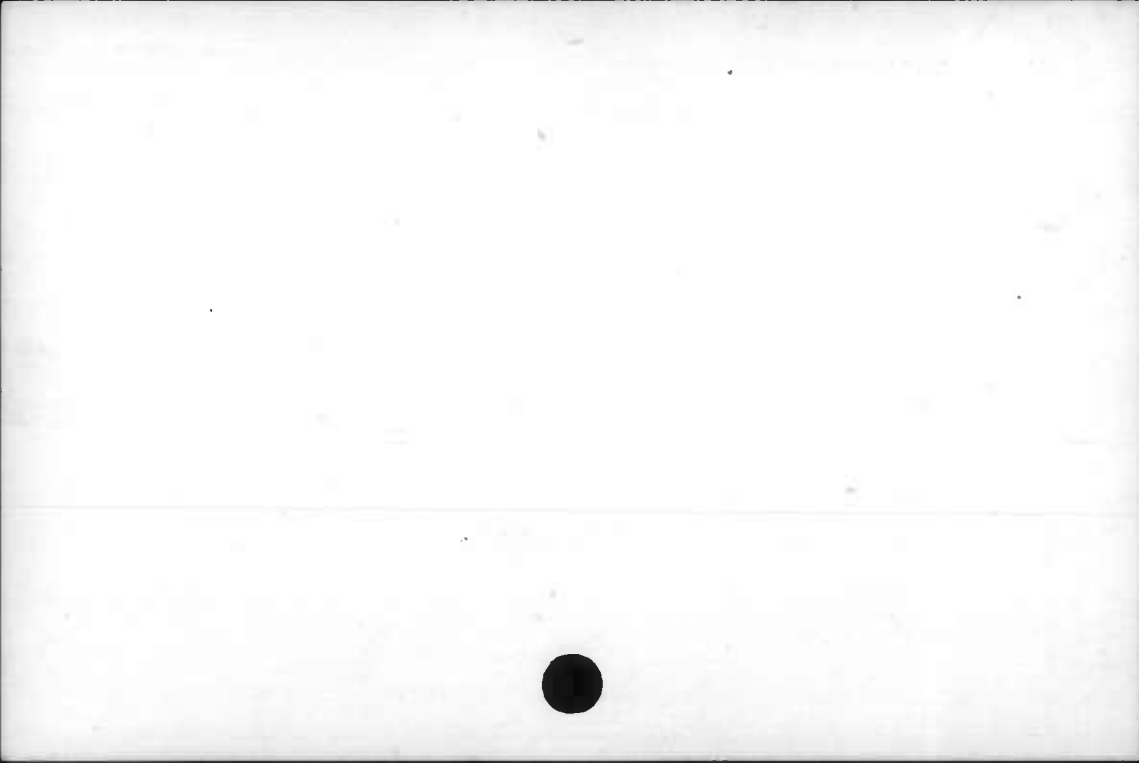
Immediate Cardiac Failure How long 1 hour

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician James G. Munnis Jr. M.D.

Address 222 E. Dover  
Easton

Accident or Suicide —



Name  
in  
Full

Daniel A Smith

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Miss River beach Talbot County MD **MARYLAND**

Date of death 1909 June 1 Day 32 Years Months Days Age 32

Sex Male Color or Race White Birth-place New York

Occupation Farmer Where Residing if not at place of death X

Married, Single or Widowed Single Name of Wife or Husband 1

Father's Name James Smith Father's Birthplace Ireland

Mother's Maiden Name Anna Lavery Mother's Birthplace Ireland

Name of person giving Information Anna Smith How related to deceased Mother

## CAUSES OF DEATH

74 X

PHYSICIAN  
OR CORONER

Primary Supposed Inflammation of Brain How long one year

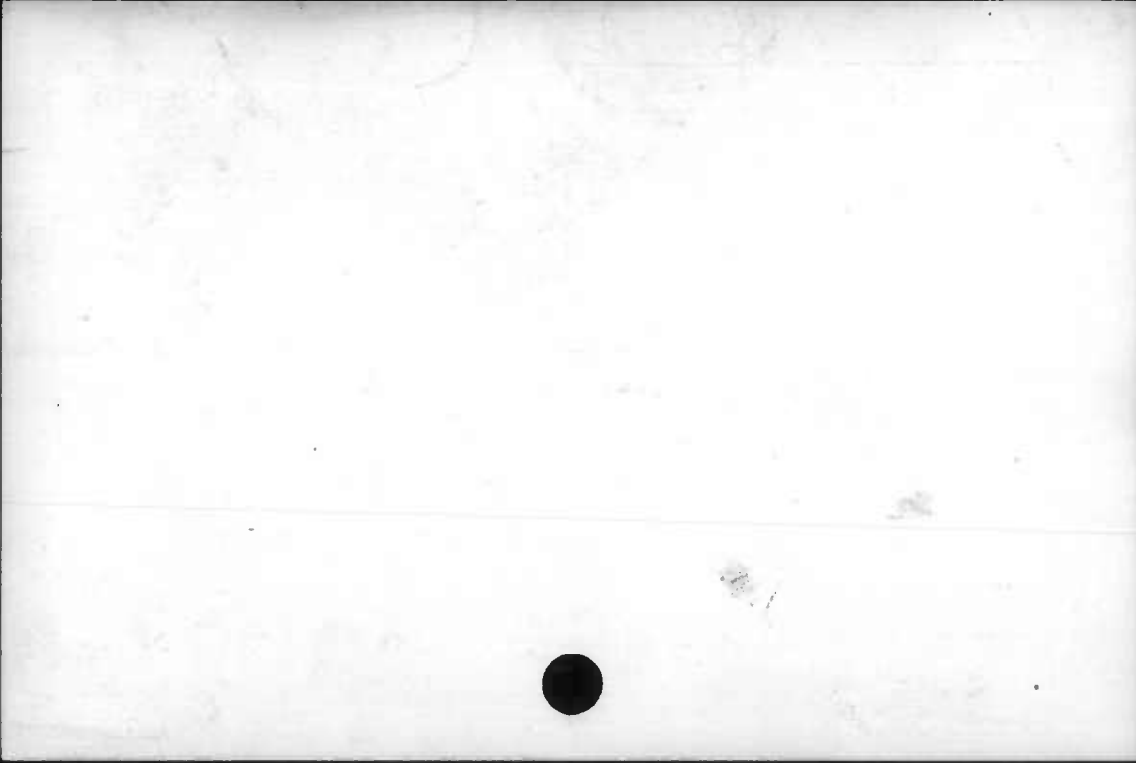
Immediate Convulsions, comas, & coma How long 4 days

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician E. R. Rippe

Address Easton

Med

Accident or Suicide



Name  
in Full

CERTIFICATE OF DEATH

John Smith

MARYLAND

Died at

Easton

County

Talbot

Date

of death

1909

Month

June

Day

9

Age

Years

93

Months

Days

Sex

Male

Color or Race

Black

Birthplace

Occupation

None

Where Residing if not at place of death

Deep neck

~~Married, Single~~

~~or~~ Widowed

Name of Wife or Husband

Susan Smith

Father's Name

John Smith

Father's Birthplace

Talbot Md

Mother's Maiden Name

Smith Know

Mother's Birthplace

Smith Know

Name of person giving Information

Susan Castle

How related to deceased

Daughter

CAUSES OF DEATH

Primary

old age & dropsy

How long

177

Immediate

Coma & Exhaustion

How long

a few days

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

E. R. Triple

Address

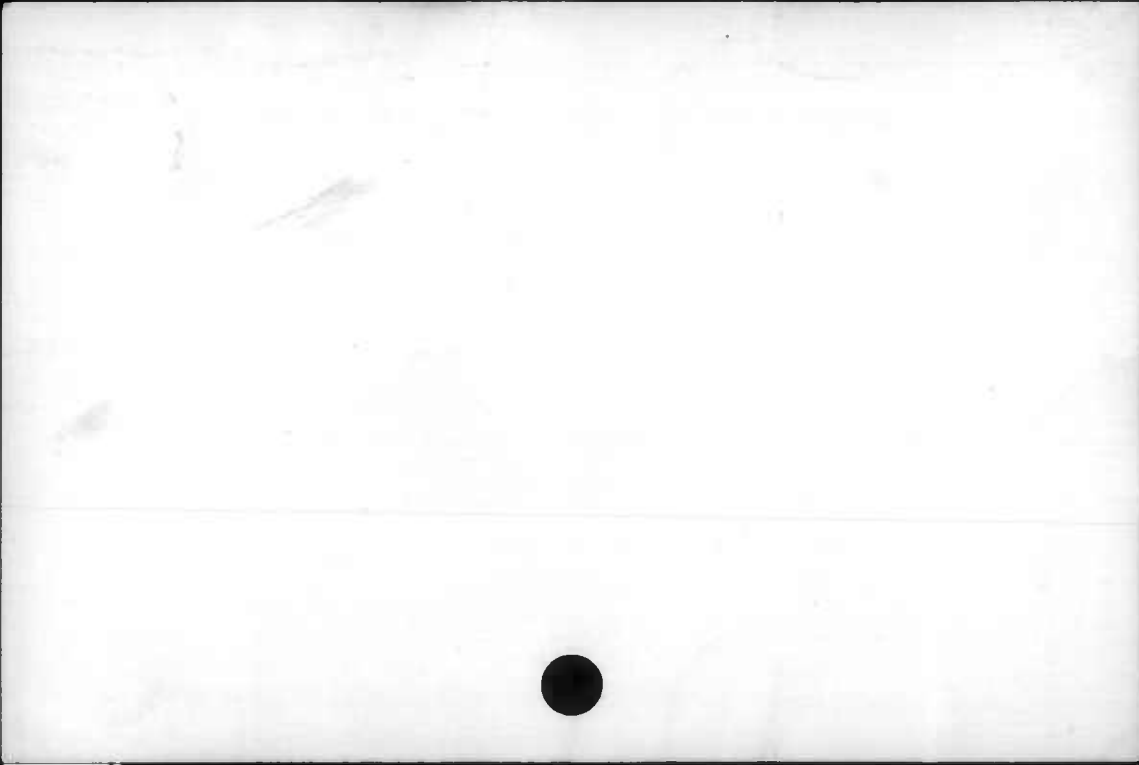
Easton

Md

~~Accident or Suicide~~

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER



Name  
in  
Full

Ella Sword.

CERTIFICATE OF DEATH

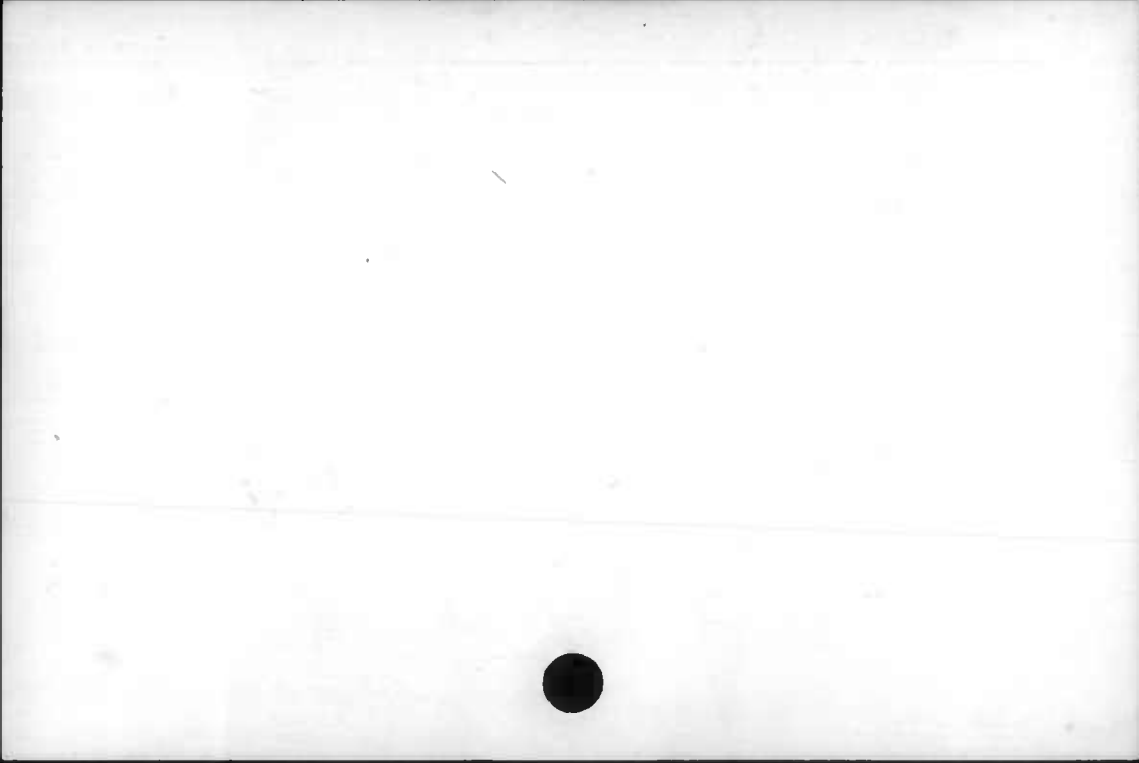
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Easton		County Talbot		MARYLAND	
Date of death		190	9	6	20	Age	69
Sex		Female		Color or Race		White	
Birthplace		Dorchester Co		Occupation		Housewife	
Where Residing if not at place of death		Easton.		Married, Single or Widowed		Widow	
Name of Wife or Husband		Joshua		Father's Name		F. A. Bayles	
Father's Birthplace		Dorchester		Mother's Maiden Name		Martha Johns.	
Mother's Birthplace		" Co		Name of person giving Information		J. F. Sword	
How related to deceased		Saw.					

## CAUSES OF DEATH

Primary		Impaction Small Intestine (Enterolith.)		How long		5 days -	
Immediate		Auto.-Toxinemia Exhaustion -		How long		few hours	
Are the name, age, sex, color, date and place correctly given above?		ye		Signature of Physician		Chas. H. Dandow -	
				Address		Easton	
						Md.	
Accident or Suicide							

PHYSICIAN  
OR CORONER





Name  
in  
Full

Harry Albert Powers -

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

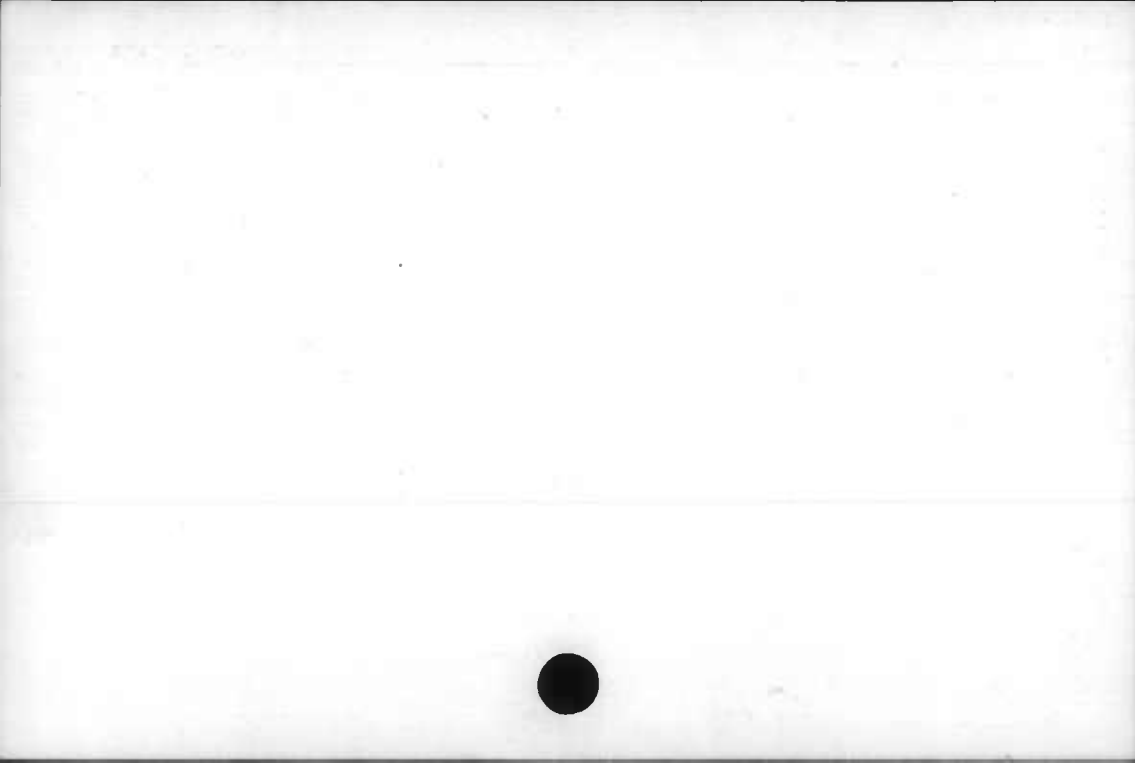
Died <del>man</del> <i>Trappe</i>		Town <i>Trappe</i>		County <i>Palbot</i>		MARYLAND	
Date of death 1909		Month <i>6</i>		Day <i>17</i>		Age <i>—</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Months <i>9-</i>		Days <i>15-</i>	
Occupation <i>—</i>		Birth-place <i>Palbot Co Md</i>		Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Ezekiel Powers</i>		Father's Birthplace <i>Palbot Co Md</i>					
Mother's Maiden Name <i>Lula-May Bryan</i>		Mother's Birthplace <i>Palbot Co Md</i>					
Name of person giving Information <i>E. Powers</i>		How related to deceased <i>Father</i>					

## CAUSES OF DEATH

105

Primary	<i>Cholera Infantum</i>	How long	<i>10 days -</i>
Immediate	<i>Exhaustion</i>	How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>Joseph A. Cross M.D.</i>	
		Address <i>Trappe Palbot Co Md</i>	
Accident or Suicide <i>—</i>			

PHYSICIAN  
OR CORONER



Name  
in  
Full

Edith May Thompson Woodill

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at <sup>Town</sup> *Brynam*<sup>County</sup> *Talbot -*Date of death *1909 June*Day *20*Age *22*Months *6*Days *20*Sex *Female*Color or Race *White*Birth-place *Asotin, Wash.*Occupation *Housewife*Where Residing if not at place of death *Los Angeles, Cal.*Married, Single or Widowed *Married*Name of Wife or Husband *Gilbert Woodill*Father's Name *Matthias W. Witty*Father's Birthplace *As not known*Mother's Maiden Name *As not known*Mother's Birthplace *—*Name of person giving information *Chas. H. Thompson*How related to deceased *—*

## CAUSES OF DEATH

176

X

PHYSICIAN  
OR CORONERPrimary *Fractured Skull*How long *—*Immediate *Concussion of Brain*How long *—*Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician

Address

*Chas. J. B. Seth,  
St. Michaels,**Ind.**Homicide.*  
Accident or Suicide? *No*

(11)

